

Arkansas Department of Veterans Affairs  
Authorization to Earn Compensatory Time

Veterans Service ☐

Veterans Home ☐

Employee Name: (print)

SSN:

I respectfully request authorization to earn compensatory time:

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ a.m. p.m.

To: \_\_\_\_/\_\_\_\_/\_\_\_\_ a.m. p.m.

This is necessary because:

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Employee Signature:

Date:

Employee Position:

Approved by Administrator:

Date:

Approved by Deputy Director:

Date:

Note 1: Deputy Director's signature is required ONLY if the Compensatory time accrued, as a result of overtime approved on this authorization, will exceed 240 hours.

Note 2: A separate authorization must be approved for each pay period.

Date	Starting Time	Ending Time	Hours	Minutes	Approved by Supervisor

Total Overtime Worked (Hours):